

☐ **RUSH Delivery**  
(10% RUSH CHARGE will apply)

RUSH Date Requested \_\_\_\_\_

## PRINTING REQUEST

REQUISITION DATE

NORMAL DELIVERY

CUSTOMER REQUISITION NUMBER

SEND PROOF TO: NAME

MAILING ADDRESS

FAX NUMBER

CONTACT PERSON

PHONE

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ATTENTION: NAME AND PHONE NUMBER

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ATTENTION: NAME AND PHONE NUMBER

### MUST BE FILLED OUT BY CUSTOMER

CHECK ONE: CUSTOMER AGENCY # \_\_\_\_\_

- ☐ AGPS ORDER # \_\_\_\_\_
- ☐ Payment to be made through GFS on PV2  
(To be prepared by State Printing )
- ☐ Non-ISIS agency

FORM NO.	REV. DATE	FORM NAME				REPRINT AS IS	NEW FORM	REVISED	PREVIOUS JOB NO.
QUANTITY									
SIZE									
TYPESSET	NONE REQUIRED	FROM DISK *See Below	COMPLETE	CHANGES	PROOF REQUIRED YES   NO		State Printing Office will not be responsible for incorrect printing when no proof is required on any job that is typeset by our office.		
PRINT	FRONT ONLY	FRONT & BACK	HEAD TO HEAD	HEAD TO FOOT (TUMBLE)	HEAD TO SIDE				
TYPE OF PAPER	BOND	INDEX	NCR	#10 ENVELOPE REGULAR   WINDOW	#9 ENVELOPE REGULAR   WINDOW	COVER STOCK		OTHER (SPECIFY)	
PAPER COLOR	WHITE	OTHER (SPECIFY)		For Multiple Page Set indicate Colors and Sequence in "Collate" section.		COVER			
INK COLOR	BROWN	BLACK	BLUE	GOLD	OTHER (SPECIFY)		COVER		
COLLATE	SHEETS PER SET	SETS PER UNIT	COLOR SEQUENCE FOR MULTIPLE PAGE SET						
UNIT SIZE	50 PER PAD TOP   LEFT	100 PER PAD TOP   LEFT	UNIT SET (NCR Only) TOP   LEFT	WRAP	BOX	OTHER (SPECIFY)			
STAPLE	TOP	SIDE	OTHER (SPECIFY)						
PUNCH	2-HOLE TOP   LEFT	3-HOLE TOP   LEFT	5-HOLE TOP   LEFT	OTHER (SPECIFY)					
BIND	SADDLE STITCH	PERFECT BIND	GBC	FOLD	OTHER (SPECIFY)				
SAMPLE ATTACHED	YES	NO	The State Printing Office will not be responsible for incorrect printing of job for which no sample has been provided.						

SPECIAL INSTRUCTIONS

***\*If diskette is provided, YOU MUST FILL OUT the reverse side of this form***

***Is your form used on a laser printer?*** ☐ Yes ☐ No

STATE OF LOUISIANA  
**DIVISION OF ADMINISTRATION**  
**STATE PRINTING OFFICE**  
P.O. Box 94095 Capitol Station  
950 Brickyard Lane  
Baton Rouge, LA 70804-9095

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## E L E C T R O N I C   O U T P U T

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### CLIENT INFORMATION:

Contact Person: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST, Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

### PRINT SHOP CONTACTS:

For any questions concerning fonts, programs used etc., please contact:  
Claire Castleberry at 219-9593 or Gary Noland at 219-9594 between the hours of 7:00 a.m. and  
3:30 p.m. Monday thru Friday.

### PROGRAM INFORMATION:

Type of Computer System Used:      ☐ IBM or Compatible      ☐ Macintosh

Please list below the programs and version used to create your document. **Example:** PageMaker 6.5

\_\_\_\_\_

\_\_\_\_\_

Did you use any compression software to compress the files on your disk? ☐ Yes    ☐ No  
If so, please list the software used and the version

\_\_\_\_\_

\_\_\_\_\_

### FONT INFORMATION

Please list typeface(s) used in your document

\_\_\_\_\_

\_\_\_\_\_

### ARTWORK INFORMATION:

Please **include all artwork files**, TIFF, JPEG, EPS, etc., as separate files

**HAVE YOU PROVIDED A SAMPLE OF THE JOB WITH THIS DISKETTE?**    ☐ Yes    ☐ No

### OTHER INFORMATION

List information about the job here.